ROYAL PHARMACEUTICAL SOCIETY
Scotland

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 15 June 2016 at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present:

Dr Anne Boyter (ACB)
Mrs Kathleen Cowle (KC)
Prof John Cromarty (JC)
Mr Johnathan Laird (JL)
Dr John McAnaw (Chair)
Dr Ailsa Power (AP)
Mr David Thomson (DT)
Miss Elaine Thomson (ET)

In attendance:
Alex MacKinnon (AMacK), Director for Scotland, Aileen Bryson (ABr), Scottish Practice and Policy Lead, Annamarie McGregor (AMcG), Professional Support Pharmacist, Susanne Cameron-Nielsen (SCN), Head of External Relations, Elspeth Bridges (EBr), Membership Development Manager, Rebecca Martin (RM), Business Support Assistant, Carolyn Rattray (CR), Business Manager, Helen Gordon (HG), Chief Executive, Julia Kettlewell (JK), Interim Head of Marketing, Hels Etheridge (HE), Conference Producer, Charles Willis (CW), Head of Public Affairs, Julia Robinson (JR), RPS Correspondent, Deborah Stafford (DS), Educational Development Pharmacist and Anna McHarrie (AMcH), RGU student placement.

Ashok Soni (ASo), RPS President joined the meeting by video-conference (VC) from the Welsh office and Dr Catherine Duggan (CD) joined by VC from the London office.

16/01. Welcome

The Chairman welcomed everyone to the meeting, in particular, the two new Scottish Pharmacy Board (SPB) Members, Kathleen Cowle (KC) and Johnathan Laird (JL) to their first SPB meeting. He then welcomed the SPB's newly elected Vice-Chair, Ailsa Power (AP) and the re-elected second representative on the RPS Assembly, David Thomson (DT). The Chair suggested that the three SPB leads would do justice to the Board, representing them in all fora throughout the year. The Chair then welcomed guests to the meeting starting with the RPS President (ASo) who joined the meeting by VC; the other guests were then welcomed and introduced.

16/02. Apologies

Apologies were received from Ewan Black, Alan Glauch and Andrea Smith. JMcA noted that Helen Gordon would be slightly late.

16/03. Declarations of Interest

Board members were reminded to declare any specific interests prior to discussion of agenda items. The following additions were recorded:

Kathleen Cowle (KC) - Daughter is a pharmacist at Ninewells Hospital, Dundee
AP - Associate Post-Graduate Pharmacy Dean
AP & David Thomson (DT) – Members, FIP 2018 Host Committee
DT– Member, RPS Investment Committee
DT – Daughter is a pharmacist.

16/04. Confirmation of Board Meeting Minutes

(Paper: 16.06/SPB/04) Scottish Pharmacy Board

approved

the minutes of the public business part of the Board Meeting held on Wednesday 20 April 2016.

Helen Gordon (HG) arrived at 10.30 am.

16/05. Matters Arising

Page 3: Carolyn Rattray (CR) to arrange a round table discussion now that the current cycle of National Board elections has finished.
Page 4: Susanne Cameron-Nielsen (SCN) to contact Schools of Pharmacy for specific representatives to support the RPS with its planned activity to support science. SCN confirmed that this will be part of the planning process of the exhibition stands.
Page 7: Pharmacists working in GP surgeries. Aileen Bryson (ABr) confirmed that the paper has not yet been finalised as waiting on the competency framework which is the next stage. AP stated that it has been progressed and will be available shortly. ABr advised that BMs' comments from the last board meeting had been included and the revised version had been sent to Fiona Reid, Gordon Rushworth and the GPs who had been involved in the competency framework. The finished document will include some examples. It is hoped that the document will be finalised by the time the NES 'boot camps' take place (end of September 2016). This joint statement with the Royal College of General Practitioners will complement the competency framework. The finalised version will be circulated to SPB BMs before the next SPB meeting.
Page 8: Dementia Friends. Annamarie McGregor (AMcG) confirmed that she and CR would coordinate dementia training for Board Members (BMs). AMcG will contact Sally Arnison for input and support for the dementia training.
Page 9: *Prescription for Excellence (PfE)* – re: concerns around communications. AMacK has raised this matter 'on three fronts': within the Robotics and Technology working group, Public and Patient Involvement (PPI) working group and with Corinne, the *PfE* Project Manager. A Communications Manager has been now been recruited and so these issues should now be resolved.
Page 10: CR to circulate a doodle poll for a strategy day to consider IT, policy, media training and dementia training. (Media training should be a separate day).

Research Ready Coordinator post: AMcG reported that 12 applications had been received for the one year fixed term contract. The role will be part-time,

based in the Edinburgh office. Interviews will take place in the last week of June, with a start date in July.

Digital Communications Assistant post: SCN reported that 31 applications were received and interviews will take place on 23 June 2016.

I love my pharmacist: BMs were asked to promote this initiative through their networks.

16/06. Prescription for Excellence *(PfE)*

JMcA confirmed that there hadn't been a *PfE* Steering Board meeting since the last SPB meeting in April and so nothing to report on the 're-fresh' of *PfE* except that it is progressing. The next meeting of the *PfE* Steering Board takes place on Thursday 16 June 2016. JMcA suggested that the SPB needs to be clear and have a view on what we expect around local integration and how the position where care is shared is to be achieved.

Tele-healthcare and mobile technology: JMcA provided an update on the tele-healthcare and mobile technology work stream that he is leading. The group is working with six health boards (potentially seven), linking in with the national care homes project. They are trying to identify and 'dovetail in' with other parallel streams of work to ensure that *PfE* is aligned. The health boards involved are: Highland, Ayrshire and Arran, Lanarkshire, Borders, Lothian and Tayside (informally). The project is progressing at different rates in different places but it has been beneficial to link in with the national care homes project work stream. JMcA concluded that the project is progressing and that 'once technology is in it can have many different and advantageous uses.

Patient and Public Involvement (PPI): AMacK update BMs on progress of the PPI work stream. The partners on this working group are: Scottish Government (SG), The Royal Pharmaceutical Society in Scotland (RPSiS), the Alliance and Health Improvement Scotland (HIS). Work is progressing at 'quite a pace' and the group has been renamed as the '*Valuing Medicines - Public, Patient and Professional Engagement*' (VM - PPPE) working group. Terms of reference have been agreed and the group is working on a series of engagement tools. A workflow diagram has been developed which maps the journey and looks at outputs and enablers to achieve objectives. AMacK noted that the activities, already undertaken by the RPSiS on PPI, will form part of this *PfE* project 'in a leading and very positive way'.

Evaluation of Automated Technology (EAT): AMacK then reported on the EAT work stream that he is involved in. This project is progressing very quickly. Professor Norman Lannigan is leading on this work stream. A number of automated and scanning technology pilots will take place across Scotland. Robots will be introduced into various types of pharmacies, i.e. high volume, low volume and hub and spoke models. Considerable funding has been made available for this project. To date, more than 30 bids for taking the project forward have been received.
Kathleen Cowle (KC) asked if RPS had offered any guidance on what a 'good bid' looks like and also how to submit bids, RPS had a role in developing the criteria. SCN suggested that the Professional Development & Support team

might consider producing guidance on the submission of these type of bids as feedback has shown that the bids were challenging to develop based on the criteria. AMacK will report this back to the EAT Group.

Action point: AMacK to report back to the EAT Group that interested parties had found completing and submitting their bids to be challenging.

16/07. Scottish Pharmacy Board Business Plan 2016 – Quarter 2

(Paper: 16.06/SPB/07). AMacK updated the Board on activities since the Board meeting held on 20 April 2016.

RPS / National Health Education Scotland (NES) Seminar: This was a very successful event which fulfilled the objectives set, i.e. pharmacists working together across sectors and the commitment to change practice.

Error Reporting Quality Safety Roadshows: AMcG is leading on this work stream which is being developed in partnership with HIS, NES, Community Pharmacy Scotland (CPS), Yellow Card Centre Scotland and the Alliance, to be delivered in autumn 2016. The group is in the process of developing four tools to deliver the project: a five-minute video, 15 minute presentation, a 90 minute face-to-face workshop and a 60 minute webinar. These tools will support the objective given by DH to support the introduction of decriminalisation. The group will deliver more than the error reporting aspect as the outputs of the project will support the contextual background of the NHS Quality and Safety system in Scotland.

Policy and Consultations: The purpose of raising this had been to improve the process for responding to policy and consultations, however, this was considered at the Board Development Day and there is now a more formal, robust and pro-active method of creating and developing policy.

RPSiS National Seminar 2017: AMacK noted that although there has always been an intention to hold another RPSiS National Seminar in 2017, it has not been confirmed. AMacK advised BMs that it is unlikely that there will be a budget for the event and that every aspect would need to be fully sponsored. David Thomson (DT) suggested that it might be appropriate to approach Pharmacy Management (PM) to be a partner. As a Board Member, DT offered to broach the subject with PM; DT would need details of costings and sponsorship required. Anne Boyter (ACB) suggested that if the Seminar is promoted as educational, some of the larger pharmaceutical companies would consider sponsoring the event. The Seminar, held in 2015 had cost approximately £12K. It was agreed that CR should email Board Members requesting proposed topics for the Seminar.

Action point: CR to email BMs (Weekly update) requesting proposed topics for the Seminar.
Action point: DT to explore the possibility of sponsorship with Pharmacy Management.
Action point: ACB to provide names of large pharmaceutical companies to potentially sponsor the Seminar.

The Scottish Pharmacy Board

supported

the intention to hold another RPSiS national seminar in 2017.

NES / RPS second educational project: AMacK reported that Heather Harrison, a pharmacist from Glasgow, has been appointed to work on the second NES / RPS educational project the purpose of which is to scope out a career framework for community pharmacists. AP advised BMs that Harry McQuillan, Chief Executive of CPS had been involved with the interviews.

Out of Hours Review (OOH): – Annamarie McGregor (AMcG), Professional Support Pharmacist, reported on this review which has been conducted in partnership with CPS and the Directors of Pharmacy (DoPs). Work is progressing on a bid to access some of the £10m that had been made available. It was agreed that there should be clarity on the role of the RPS in this tri-partite arrangement as it is beyond the remit of the SPB in relation to implementation; implementation is up to the health boards. AMcG is keen for the RPS to have a stronger voice around the use of pharmacists prescribing and minor illnesses. The review will be delivered by the DoPs, CPS and NES / Robert Gordon University (RGU). The proposal will be completed by the end of June. AMcG will update BMs at the next SPB meeting on 28 September 2016.

Local Practice Forums (LPFs): Elspeth Bridges (EBr) reported on the various Scottish LPF events that had taken place since the April SPB meeting. A second Well-being workshop, hosted by the East of Scotland LPF, was held in Stirling on 25 April; a third Well-being workshop is planned for 21 June in Inverness (Highlands & Islands LPF). These workshops are organised through Pharmacist Support who provide an external consultant to run the workshops.
The South West of Scotland LPF held a meeting focussing on dementia at Wishaw General Hospital on 19 May; a second dementia event is scheduled for 23 June in Dumfries.
The North of Scotland held a 'Yellow Card' event in Aberdeen on 3 May; this was well attended.
The East of Scotland LPF held an Opioid dependency workshop at the RPS offices on 1 June.
EBr reported on a sponsored cycling event that had been organised by RPSiS in support of Pharmacist Support's '175' fundraising campaign. The target of £175 was raised and there was significant twitter chat reporting on the event. The University of Edinburgh supplied the static cycles free of charge.
The East of Scotland and West Central Scotland LPFs have been put forward for the RPS LPF Pharmacy Award.
EBr has been following up on Scottish Members who had not renewed their membership by the end of May 2016.

Lobbying and advocacy: 51 new MSPs have been elected to the Scottish Parliament; this means that a special focus is required on lobbying and advocating to these new MSPs on behalf of the profession. All five major parties included pharmacy in their manifestos. Although a minority government, the SNP has agreed to review and consider the Labour party's suggestion to extend the Minor Ailments Service (MAS). AP noted that new MSP, Maree Todd, from the Highlands is a pharmacist and might sponsor an RPSiS event in the Scottish Parliament. SCN suggested that it would be beneficial for Ms Todd to become an RPS Member; AMacK to follow up on this.

The Chair asked if there were any areas of concern that BMs should be aware of. AMacK reassured BMs that there were no areas of concern and that items in yellow were just starting or planning to start.

Action point: AMacK to engage with Maree Todd MSP to discuss RPS membership.

16/08. Update on RPS Conference 2016

Anne Boyter (ACB) reported that there hadn't been another meeting since the previous Board meeting in April. ACB reported that the programme is close to being finalised and that preparations are on schedule.

16/09. NES/RPS Educational Project

(Item: 16.06/SPB/09) Deborah Stafford (DS), Educational Development Pharmacist, provided an update on her report, highlighting areas where Pharmacy education and training supports Foundation and Advanced Practice development in addition to the area where further development is necessary. The final report has been reviewed by the Chief Pharmaceutical Officer (CPO) and is undergoing 'final tweaks' before being distributed.

The project commenced in November 2014. This was not a research project but a scoping exercise to identify education and training programs that are currently available within NHS Scotland for post-registration pharmacists. A mapping exercise, using the RPS Foundation and Advanced Practice Frameworks, was undertaken to determine where there are gaps in provision to support pharmacists in their day to day practice to prepare a professional portfolio for either the RPS Faculty or RPS Foundation. The initial focus was on the NHS Education Scotland (NES) Vocational Training Level 2 General Hospital Programme (VT2).

Context: In the initial months it became clear that professional development programmes and processes were undergoing review and redesign. DS described the context in which the mapping was undertaken.
The General Pharmaceutical Council (GPhC) was consulting on the initial education and training standards for pharmacists and reviewing the processes and procedure to support revalidation or Continuing Fitness to Practice (CFtP). The momentum behind the RPS development of Foundation work based assessment tools and the marketing of the Faculty quickened with the early adopters going through assessment and many pharmacists trying to establish what the Faculty means to them as individuals now and in the future. Other areas for consideration in the context of this project included the Scottish Government work programme around *PfE* and the development of new services and roles that Pharmacy could be delivering in the future. This was especially in light of Health and Social Care integration where the health care sector-focused delivery of care is being challenged. Also the appointment of a new CPO brought a new dynamic to education and training within the Schools of Pharmacy and NES. These elements set the context for the scoping exercise.

The E&T programmes identified within the scoping exercise were NES General Hospital VT2 Programme, RGU Post-Graduate Masters in Clinical Pharmacy Practice, Strathclyde Masters Advanced Pharmacy Practice, NES VT3 specialist

programmes in specific specialties. At the time of preparing the maps to the RPS Practice frameworks, RGU was considering accreditation as a Foundation School and the course lead had reviewed the diploma and MSc content and mapped this to the frameworks.

In view of the fact that neither programmes involve a work based assessment element and are assessed by marked assessment, the mapping found that much of the content provided by both the Masters programme focused on the development of theory and knowledge in the Expert Professional Practice and the research clusters of the advanced frameworks. The maps show that there are gaps in the areas of practice development for management and organisational, leadership and education and training skill development particularly for community and practice based pharmacists. The modular nature of the Strathclyde and RGU Masters degrees provides material and resource to support students in their development. It is highly unlikely that a pharmacist will be able to directly cross reference assessments as evidence within the foundation or advanced frameworks. Undertaking an MSc does not equate to achieving an advanced 1 Faculty award. The method of assessment of the clinical aspects of the VT2 and VT3 programmes may support cross referencing as the work based assessment tools are identical. These programmes are only open to hospital based pharmacists.

Learning from the mapping:

- The NES General Hospital Stage 2 Programme as an early career framework is currently not transferrable across professional settings and the workplace assessment methods have not been introduced and implemented across all health boards. It is evident that there is little available for newly qualified community pharmacists and it is hoped that the second NES project will address this.
- Stage 2 provides an early career (foundation) framework it does not deliver a clinical career pathway.
- Recognition of prior learning may be a 'double-edged sword' with pharmacists fast tracking to achieve what many still consider advanced practice qualifications. ACB confirmed that Strathclyde is considering giving recognition of prior learning.
- The advanced practice mapping was undertaken at Advanced 1 level as to achieve level 2 and mastery a pharmacist must demonstrate competencies and behaviours in practice. The nature of the Masters programmes with the exception of the Independent Prescribing module does not require in practice assessment.
- There is a lack of understanding about what is required to attain various levels of Foundation and Faculty. Undertaking a course does not 'give you' Advanced Level 2 Faculty.
- There is often a rush to attain qualifications at the expense of consolidation of practice. If not practicing in day to day work then it can be difficult to reap the benefit of the qualification. Criticism of the course may reflect the ability of the student to put learning into context rather than content being inappropriate. Many hospital based pharmacists may access the Masters programmes at too early a stage in their careers.

- There is a disconnect between the minimum entry requirements and course content. Two - three years' post-registration to enter an advanced practice programme. Advanced Practice Level 1 is described in terms of ten years in practice.

Challenges: DS noted that there are various challenges including clarity around the knowledge and skills required for the role of an Accredited Clinical Pharmacist Independent Prescriber as described within the *PfE* document. The RPS Foundation Framework has described generic core skills for a pharmacist. Transferrable skill assessment and recognition across the sectors would support equity of access, ensuring that all pharmacists have professional development opportunities and do not focus solely on academic qualifications. The culture of advanced specialists and specialism is seen as a barrier to many. The majority of pharmacists will be advanced generalists delivering pharmaceutical care to a population with polypharmacy and co-morbidity challenges. Education and training support and accreditation of practice should reflect this.

Opportunities: NES has experience of quality assuring and managing the pre-registration (PRPS) programme across all sectors and has the experience and knowledge to set in place infrastructures to support vocational training tutors in a similar way. There has been excellent feedback about work-based assessments from trainees and tutors in the hospital setting; The Foundation Framework relies on work-based assessment and there are challenges around how to introduce educational supervision to achieve this.
Clinical knowledge modules are available to support clinical development; they need to be made accessible to everyone creating a blended approach across the two Schools of Pharmacy and NES.

It would be beneficial to build protected learning time as a requirement into the pharmacy contract and the RPS professional hospital standards.

One of the principle opportunities to develop and implement methods of supporting pharmacists to apply learning to develop portfolios is learning together and sharing learning; Pharmacy Management and UKCPA have already grasped aspects of the Faculty and are working with RPS around accreditation and Faculty training provider roles. Rowlands is working with RGU on evaluating their experiences as a Foundation training provider. Boots has also gone through the accreditation process, considered existing systems and how the framework can be made to work to support their pharmacists in practice.

Reflections:
- The delivery of patient care should be the central focus.
- It is important to ensure that education and training is progressed at all levels.
- Aim for all pharmacists to be able to work in different settings with transferrable skills. Rather than an early career framework for hospital pharmacists it would be useful for junior pharmacists and supervising pharmacists to have a framework with competencies which are generic with

suggested activities; this would follow the ethos of *PfE and Foundation Practice.*

- Within the MSc, the Prescribing Module can be accessed within the first five years of a pharmacist's career. It is crucial that there is confidence in a pharmacist's clinical knowledge and practice before they can progress. Currently there is a gap in the methods of assessing clinical competence in practice.
- Words are important and can alienate; DS urged caution around jargon and titles, e.g. Advanced Generalist.

The Chair thanked DS for her comprehensive report, noting that there is much that can be built on and taken forward through the second NES / RPS project. ACB has reviewed the project at various stages and congratulated DS on the final report. ACB agreed that the universities and NES need to consider post-graduate education, looking at ways that credits can be awarded. ACB requested that, once the report has been published, DS presents it to the universities.
ABr suggested that DS should be thanked, not only for her work on the project but also because she has 'flown the flag for the Faculty'. AMacK added his thanks, noting that: 'Debbie has brought absolute exemplary professionalism to the way she has worked with the team and she has been a credit to her role as an educational pharmacist'.
Ailsa Power (AP) noted that, as a result of the project report, views have changed. When the project started it was thought that the hospital setting would be considered first, followed by community; it has become clear that education and training needs to be looked at as a whole. AP also noted that the report is with the CPO and that it would be taken to the 'next level'.
AMcG suggested that there should be a launch event to bring major stakeholders together to consider the report and how it will link into the next project. AMacK to discuss with the CPO.
The Chair concluded, noting that the report now needs to be published and circulated and thought given to how it is used to engage with stakeholders. The report will help to inform how the next project develops.

Action point: AMacK to discuss the potential for a launch event for the report.

The Scottish Pharmacy Board

noted

the NES / RPS Executive Summary and highlights.

16/10. Policy and Consultations

(i) Social Prescribing.
(Item: 16.06/SPB/10(i)). ABr asked BMs for their views on, and whether they would support, social prescribing, a Scottish Liberal Democrat (Lib Dem) plan for social prescribing schemes. These schemes have been successful in a number of other countries and there have been pilot schemes in Dundee and other areas

of Scotland. It is the Lib. Dem. intention for this work to be extended to every Scottish health board. DT suggested that it was a very positive form of patient care. KC asked if a prescriber would need to be involved; it was thought that any such recommended activity would be by referral. How social prescribing is carried out will be at the discretion of individual health boards. JL suggested that social prescribing (SP) is an evolution and 'that anything that gets pharmacists engaging with patients in a patient-centred way regardless of whether a pharmacist is a prescriber or not'; JL cited the Minor Ailments Service as an example of SP.

The Scottish Pharmacy Board

supported in principle

the Scottish Liberal Democrat proposal to introduce social prescribing into every health board in Scotland.

(ii) Prescription Charges
(Item: 16.06/SPB/10(ii)). Prescription charges had been discussed at the previous SPB meeting (April 2016) and the draft statement has been drawn from that discussion. ABr noted that further work on the statement is required to include references and gather evidence and statistics on impact.

The Scottish Pharmacy Board

approved

the draft statement on prescription charges.

(iii) Decriminalisation of cannabis (Lib Dem initiative).
(Item: 16.06/SPB/10 (iii)). Charles Willis (CW), Head of Public Affairs, explained that the paper has been drafted in response to a motion, passed by the Lib Dems in the Westminster Parliament, to legalise cannabis for recreational use. In the accompanying briefing paper, the Lib Dems expressed a wish to communicate with the professional body about the potential to sell cannabis for recreational use through community pharmacy chains. CW has worked with the Policy and Science teams to produce a paper that demonstrates all the reasons why cannabis for recreational use shouldn't be made legal. BMs were asked to approve the following text:

'RPS does not support any proposal for pharmacies to be a point of supply for recreational cannabis. Many pharmacists consider the supply of such a drug to be against their duty of care as well as their personal and professional ethical code, where improving or maintaining health is the primary objective'.

It is hoped that all three national boards will support this statement.
ACB supported the statement as: 'really good and strong'.
ASo noted that the International Pharmaceutical Federation (FIP) is also preparing a paper; he urged the Society to be 'really strong in resisting this'.
JMcA suggested that the first statement 'says it all':

'RPS is clear that cannabis or cannabinoids should not be supplied from a pharmacy except in the form of a licensed medicinal product'.

The Chair noted that cannabis shouldn't be readily available and should only be available as a licensed medicinal product for specific conditions.

The Scottish Pharmacy Board

approved

the RPS response to the policy of a Westminster political party relating to the recreational use of cannabis.

(iv) Misuse of Benzodiazepines and Z drugs:
(Item: 16.06/SPB/10(iv)). CW reported that, increasingly, there are discussions within Westminster, about the abuse and misuse of Pharmacy medicines (P-meds) and Prescription only medicines (Poms), particularly benzodiazepines and Z drugs. The Society is being asked what it is doing to address this. The paper lists the activities that the RPS has put in place to stop the abuse and misuse. It is likely that the RPS will be called to appear in front of a parliamentary group that has been set up to consider this issue.
David Thomson (DT) noted that a number of pharmacists working within NHS Greater Glasgow and Clyde (GGC) are prescribing within this programme and that, if examples are required, DT would be able to facilitate this.

AMcG advised BMs that, when working on the Care Homes Report, David Marshall from the Care Inspectorate had commented that care home staff were often under pressure to take people off Benzodiazepines and Z drugs. AMcG asked whether this would be pertinent to the paper on the misuse of Benzo-diazepines and Z drugs. ABr agreed that such information should be included and that there should be a strong statement around pharmacists conducting medicine reviews.

The Scottish Pharmacy Board

noted

the briefing paper on the misuse of Benzodiazepines and Z Drugs.

(v) Assisted Dying.
A section from the Assisted Dying Bill has been introduced to the Westminster Parliament for the third year running. The extensive work carried out in 2015 to amend the text has been accepted. There is now a conscientious objection clause, which hadn't been included previously. On a practical level, the bill has been amended so that a pharmacy no longer has to remain open until either the drug has been taken or it is returned to the pharmacy; the text now reads that the drug should be returned 'as soon as is reasonably practical'. CW reported that this was the most positive hearing in decades; the Society 'will keep a watching brief' on progress of the Bill. SCN advised BMs that Patrick Harvie, MSP, has indicated that there is no intention to progress the Assisted Dying Bill in the Scottish Parliament.

Action Point: CR to include CW's presentation in the SPB weekly update.

The Scottish Pharmacy Board

noted

The Assisted Dying Bill update**.**

(vi) Duty of Candour (Scot Govt).
ABr reported that she has been working with a Scot Govt working group that is considering *'Duty of Candour'*. A consultation had been considered some months earlier but it is believed that there is little awareness that this legislation exists. This is legislative and organisational *'Duty of Candour'* as opposed to a professional *'Duty of Candour'*, i.e. error reporting. ABr asked BMs whether there is an awareness within their organisations of a legislative *'Duty of Candour'*; she would like to feed back to the working group. ET suggested that the consultation had been circulated to health Boards but that there was little or no activity pertaining to it.

16/11. Care Homes
(Item: 16.06/SPB/11) Annamarie McGregor (AMcG), Practice Development Lead, gave a brief summary of work to date. The original Pharmaceutical Care of patients in care homes review was commissioned in January 2011 with the report being published in 2012. The CPO has suggested that the RPSiS revisits this work with a view to refreshing it; the SPB is being asked to consider this. BMs were split into two groups for a workshop to consider next steps and best practice.

Feedback from the workshop:

Group 2

David Thomson (DT) presented the feedback from Group 2:

- The original review should be revisited and refreshed to ensure that it is fit for purpose.
- Extend engagement with other health care professions, particularly nursing.
- Engage with health and social care integration (H&SCI) with a view to influencing progress.
- The Chronic Medication Service (CMS) is undergoing a refresh but, once this has been completed, some aspects might be useful in the pharmaceutical care of patients in care homes.
- Costs – if waste management could be contained, revenue could be released to finance the pharmaceutical care of patients in care homes.
- Contractual issues would need to be observed.
- Capitalise on pharmacists' expertise of handling co-morbidities and polypharmacy
- Because of limited resource, many patients are actually being cared for at home in the community rather than in care homes; but are being cared for

very effectively by community pharmacists. A patient in a care home has little or no direct contact with the pharmacist.

Group 1

Elaine Thomson (ET) provided the feedback from Group 1:
ET advised that Group 1's list was very similar to that of Group 2.

- The 16 priorities from the original report need to be considered and a scoping exercise undertaken to understand where there are 'gaps' nationally. Although the 'review' has been in the public domain since 2012, it was felt that it has not been 'rolled out' across the country in the way that it was intended to be.
- Focussed engagement through the Directors of Pharmacy (DoPs), the Primary Care Pharmacists' Group, the Care Homes Group, the Alliance and care home providers, working with the RPSiS to update and refresh the original review / report.
- A clear understanding of how the review fits with other initiatives, i.e. *PfE* work streams and primary care funding which would create the capacity to enable pharmacists to work in care home settings.
- Link the refresh of this Care Homes report with the proposed 2017 RPSiS Seminar, using findings as a potential theme. This would allow time to research best practice to show case at seminar, build workshops and discussion groups around this theme.
- Consider telehealth and telecare to see how the health boards are using this to improve pharmaceutical care of patients in care homes.
- Consider not only care in care homes but also care at home; this links into H&SCI. Because of resource imnplications, many patients are cared for at home within the community and, as such, have a closer connection with the community pharmacist who is the HCP best placed to handle polypharmacy and other issues so prevalent in older people.

AMcG asked for volunteers to work on the 'refresh' of the Pharmaceutical Care in Care Homes report. **ET, AMcG, JL, DT** and **KC** volunteered. **CR** agreed to provide the secretariat for this group. AMcG suggested that Alpana Mair, who led the original piece of work, should be consulted about who to approach. ABr suggested that speech therapists should be included on the group for help with swallowing. JL would like to reframe the title to appropriate prescribing. AMcG noted that hoping to have a workshop at Scottish Care's conference in November 2016.

Action point: 'Refresh' group to be made up of ET, AMcG, JL, DT and KC with CR providing the secretariat.
Action point: AMcG to consult with Alpana Mair as to who to approach to join the group.

The Scottish Pharmacy Board

approved

the 'refresh' of the original '*Pharmaceutical Care of Patients in Care Homes Report'*, published in 2012.

16/12. Public Affairs

(i) Manifesto and next steps

The RPSiS Manifesto 2016, which was launched at the January 2016 SPB meeting, has proved to be very successful; in particular, the infographics have made a significant impact, demonstrating how important a part pharmacists play in the care of patients and the public. The Manifesto has been circulated to all MSP candidates ahead of the Scottish elections and has also been taken out to the LPFs, thus engaging with, and informing, the membership. A local lobbying 'tool-kit' was produced for members to use when engaging with their local MSPs. There has been coverage in the Pharmaceutical Journal (PJ) amongst others and also on the website. The Manifesto was taken to all the party political conferences, with ABr presenting a 'policy pitch' at the Lib Dem Conference. Both MSP and MSP candidates have been targeted with a number of pharmacy visits undertaken. It was not possible to undertake all the visits originally planned before the election due to a lack of resource, but the pharmacy visits will be continuing and have included a visit by the Cabinet Secretary to a pharmacy in Dundee. It is vital that pharmacy remains in the minds of MSPs and on their agendas. Scottish Members have been kept updated on progress. AMacK noted the importance of engaging with parliamentary researchers as they also have influence. An article, summarising the Manifesto, was placed on the website and, to date, 18 MSPs (past and current) have signed *the Pledge*. This number is expected to increase as we take forward pharmacy visits on Parliament's return and will be a feature of the planned exhibition in the Scottish Parliament hosted by Maree Todd, SNP MSP for Highlands & Islands (herself a pharmacist).

Other activities have included:

- ABr gave evidence on prevention in healthcare to the Parliamentary Finance Committee.
- 'Super 23 March' – announcement of funding ahead of pre-election period: £10m to 'Out of hours', £6.6m to pharmacists working with GP practices and also funding going into specific pilots involving pharmacists .
- Political party manifestos were published and pharmacy was mentioned in all of the major party political manifestos. Both the Conservative Party and the Labour Party's included a pledge to extend the Minor Ailments Service (MAS), the Scottish Greens expressed an interest in primary care and the role of the pharmacist, The Liberal Democrats' included a limited prescribing role (this will require further discussion and input from RPSiS around the expertise of pharmacists and the greater potential of independent prescribing). The Scottish National Party (SNP) manifesto included a pledge to place an 'enhanced pharmacist' in each GP practice. SCN ensured that RPS Members were kept updated on this through social media.

- Important to recognise that the extension of the MAS came about as a result of the joint work with CPS and the DoPs in relation to the 'Out of Hours review'.
- The First Minister gave a statement on 25 May stating that all GP surgeries would have access to community pharmacists and a willingness to consider the Labour proposal of extending MAS.

Next steps include the Holyrood Round Table, a follow up email to key MSPs, a meeting between the Chair, AMacK and the Cabinet Secretary, an MSP newsletter, an exhibition in the Scottish Parliament (Scot Parl). BMs were invited to volunteer to work with SCN on this event, to ensure that we can target their local MSPs and increase engagement. Between them, AMacK, ABr and SCN will cover attendance at the party political conferences in October 2016.

SCN concluded that there is an opportunity in terms of engaging with politicians going forward, some of them are already aware of the RPSiS and it is a matter of following up but others are new to Parliament and openings will need to be found, e.g. one of the regional finalists of *'I Love my Pharmacist'*, works in Alex Cole-Hamilton's constituency; he is the Lib Dem Health Spokesman; this will provide an opportunity to engage with him.

SCN suggested that relevant parts of the presentation could be used at LPF and other events. AP agreed, noting that the 'jobbing' member on the high street doesn't necessarily appreciate all the work that is going on. Other suggestions included an article in the PJ and uploading the presentation to the website. KC suggested that it is crucial to not only emphasise the activities taking place but also the potential dangers of not carrying out this work. JL congratulated the team on all of the activities taking place and also for its 'amazing work on so many fronts'. It was agreed that the presentation should be shared with BMs (through the weekly update) for dissemination through their networks. ACB suggested that the presentation should be shown to the pre-registration students through NES, whilst the SoPs could present it to under graduates.

Action point: JR / SCN to produce an article for the Pharmaceutical Journal (PJ). This will be timed to be published after the announcement of the Scottish Government's programme and will include the work programme set out by the Health & Sport Committee.
Action point: CR to circulate the presentation to BMs in the Weekly Update. BMs to feedback on any omissions or any other aspects to be included.

(ii) Holyrood Round Table: The RPSiS has partnered with Holyrood Magazine who will focus on the practical elements of the event, i.e. securing a venue, etc. RPSiS will decide on the theme for the event; the emphasis will be on multi-disciplinary working. It is hoped that both the Chief Medical Officer (CMO) and the CPO will attend along with the Chief Nursing Officer (CNO) to consider 'how multi-disciplinary working can be turned into a reality'. The event will be covered in *Holyrood* magazine and it is hoped that its publication will coincide with the party political conference season, reaching a wider audience. SCN has a list of potential attendees, including the CPO, JMcA, Gail Caldwell (Chair of the DoPs), AMacK, the CMO, Dr Miles Mack (Chair – RCGPiS), the CNO, Elaine Torrance (President - Social Work Scotland), representatives from the Alliance and from

Voluntary Health Scotland. The CPO has indicated that she is very receptive to this event. SCN asked for volunteers from the SPB to act as a 'sounding board' for plans for the event. The Chair volunteered to act as a 'sounding board' for plans for the event.

(iii) RPSiS Parliamentary Reception

SCN has drafted a proposal to be presented to the Pharmaceutical Science Expert Advisory Panel (PSEAP) re an event in the Scot Parlt on personalised medicines. It is hoped that the event will take place in November 2016, but that this would be dependent on securing an MSP sponsor and also availability of the venue. Prof Christine Bond, Prof Simon MacKay, Prof Gino Martini are involved in the working group for this event; **ACB** and **JL** volunteered to join the group; it was agreed that the call for volunteers should be included in the weekly update so that the three BMs, absent from the meeting, would have the opportunity to volunteer. JC suggested that a representative from the **DoPs** should be on the group. AMcG suggested Anne Lee (Chief Pharmaceutical Advisor – SMC), who sits on the DoPs group; it was agreed that the invitation to be to the DoPs group and that they should choose their representative. ACB noted that Strathclyde would be represented via Simon MacKay and suggested that it would be appropriate to invite a representative from RGU SoP so that both SoPs are involved. ACB also offered, Strathclyde as a venue for meetings. ET suggested that a representative from the SPAA group (Margaret Ryan) might be appropriate.

(iv) RPSiS MSP Newsletter

SCN noted that there is a 'big mountain to climb'; there are 51 new MSPs with whom relationships need to be developed and nurtured. A targeted communications strategy is required, whereby pharmaceutical care best practice can be demonstrated and MSPs can be kept informed of current activities and issues. RPSiW has just introduced a newsletter: *'Pharmacy Matters'* and they have given permission for RPSiS to use the same name and template, so the newsletter should not prove to be too onerous a task. The newsletter will be bi-annual, using information that has been produced elsewhere as a starter. Full consideration should also be given to extending it to include Councillors due to Health & Social Care Integration and forthcoming Local Government elections in May 2017.

The Scottish Pharmacy Board

supported

the proposal for an RPSiS MSP Newsletter.

16/13. Professional Development and Support (PDS) Update

(Item: 16.06/SPB/13). Dr Catherine Duggan (CD), Director of Professional Development and Support, thanked the SPB for inviting her to provide an update and also congratulated the two new BMs on being elected to the SPB. The intention is for PDS to provide regular (quarterly) updates to the national boards and so, if BMs have any questions or requirements, they can be addressed. CD then went through the update.

Standards, support tools and guidance (Q1 2016):

- There has been a big increase in the downloading of the Homecare Standards (259). The total number of resource downloads in Q1 2016 was 36,851.
- New guidance published in Q1 2016 included the Mentoring Handbook, Over-view of pre-registration training slide-deck, the Pre-registration timeline infographic, Guidance on progress review Quick Reference Guide (QRG), Building rapport with your tutor QRG, Community pharmacy reforms hub page, the Summary Care Records decision-tool (GB and England) + web hub, RCN and RPS report on pharmacists and nurses working together across primary and community care, Support for hospital pharmacists infographic, and the Essential guide (day1 practice guide) for pharmacists working in the community. 3 other pieces of guidance have been revised. There are a number of pieces of guidance in progress and plans for later in the year (2016 / 2017) include Polypharmacy guidance, Public Health Standards implementation review and Quality Improvement tools (the full list can be found in the accompanying paper).
  ACB advised that the Asthma QRG shouldn't be updated too quickly because the guidelines are about to change significantly within the next quarter. ACB to email CD with details on this; ACB chairs the relevant pharmacology group and so offered her support with the revision of the QRG.

CD confirmed that the Scottish Polypharmacy Guide will be used when revising the RPS guidance.
JMcA suggested that the Top 10 pieces of guidance (P.2) should be promoted on the website; this would make them visible to Members who do not know they are available. They may also serve as a prompt to non-members to join the RPS.

Professional Development and Support service
In Q1, the Professional Support Service provided information, advice and support in response to 1,534 enquiries. The top three member support categories were: professional development, legal and ethical and pharmacy practice.

Consultations:
86 consultations were logged and assessed in Q1 2016. The hope is to pull together position statements from all three countries so that there is 'a bank of policy in the making'.

Accreditation:
In Q1 2016, accreditation is ahead of target in terms of revenue. A total of seven accreditations of training resources have been recorded.

Qualified Persons Scheme (QPS):
It was a successful Q1 2016 for the QPS with the RPS hosting an annual QPS Tripartite meeting of the Medicine Licensing Authorities and the Joint Professional Bodies.

Library:
Helen Chang now manages the RPS library. The number of hits in the library in terms of research is growing. Member access of the online library and information resources (databases, ejournals and ebooks) remains high (January 6,580, February 5431) and the team answered 113 library enquiries from Members in Q1. In Q2, the Library and the Museum Advisory Group will be reviewing and updating the library vision to further align with RPS work streams including the Foundation Programme.

Museum:
The Museum team have worked with the RPS finance team to review and value all high value areas of the collection for insurance purposes. The Museum team and Communications team have worked together on social media over Instagram, Twitter and Facebook to promote the Museum and the profession to Members and non-Members. The biggest 'reach' for a post on the Museum's Facebook page was 778 people for #MuseumShadow.

Research:
CD requested that any feedback should be directed to Rachel Joynes (RJ), Head of Research. This is working very well, particularly in Wales and Scotland. CD noted the 'really good workshop at the RPS NES seminar'. Forthcoming activities include a major review of Research Ready and also the Road Map. Research support surgeries have been launched. AMcG asked if, now that a Scottish Research Co-ordinator has been appointed, there is an appetite to hold research events in Scotland. CD is very keen – 'the way forward'. The three country directors are exploring options to develop an educational event. AP asked about charges; CD confirmed that they will be equable. JL asked if events had to be face to face and was there an opportunity to hold online. This is something that happens very successfully already; CD noted a webinar on bio-similars which was the most downloaded webinar on the RPharmS website ever.

Workforce Development Update:
In Q1 2016, a Workforce Development Handbook was produced (a compilation aimed at supporting the implementation of the RPS vision 'transforming the pharmacy workforce in Great Britain'. Nominations for PWVIG were received from England and Scotland, workforce issues were discussed at RPS groups and external meetings to identify 'key' topics e.g. Carter Review at Hospital Advisory Group. Also, one thought leadership paper was produced.

Science Team update:
Priority areas in Q1 2016 have included '*Ensuring the Safe Use of Medicines',* which included work streams on Bio-similars, pharmacovigilance and other 'safety' activities, e.g. drug trials.
Other work streams undertaken included: '*Stimulating New Antimicrobial Development and Improving Antimicrobial Stewardship'.* The Science Team was involved in the preparation of an RPS Press Release and the Chief Scientist wrote a blog on AMR and the importance of finding new ways to prevent and treat infections. The Science Team was also invited to attend a meeting at the House of Commons, hosted by Jeremy Lefroy MP, entitled: *'Securing the future of antibiotics – a plan of action for 2016'*; the team also wrote a press release for

the PJ on the recent call on governments by industry to help tackle antimicrobial resistance.
Under the recommendation of *Adopting New Technologies',* Adaptive Clinical Trials were considered with a blog on adaptive clinical trials being written and sent to Dr Liz Allen, at Quintiles, for consideration. Dr Allen has expertise in the clinical trials area. As soon as it has received final sign-off it will be posted on the RPS website.
Update from the Pharmaceutical Science Expert Avisory Panel (PSEAP):
CD provided an update from the PSEAP. The main focus of the PSEAP, in recent months, has been a review of toxicity of e-cigarettes, developing strategies to propose moving cannabis from a schedule 1 to a schedule 2, developing guidance and advice for community pharmacists on legal highs and consider writing high level guidance on legal highs that can be sent to the GPhC and consideration as to how best to lobby to get Dinitrophenol (DNP), a chemical used for weight loss, classified as a class C drug and to write guidance on DNP for community pharmacists.

The PSEAP has set up four working groups with the aim of supporting RPS's work around implementing the four RPS led recommendations contained in *'the New Medicines Guide: ensuring the safe use of medicines"*, 'Stimulating new antimicrobial development and improving antimicrobial stewardship', 'Adopting new technologies' and 'Increasing the evidence base for pharmacy'.

The three country directors are exploring options to develop an educational event. AP asked about charges; these will be equable. JL asked if any event could be online, e.g. webinars, etc.; CD noted that this is the intention and has proved to be very successful in other cases, citing a webinar on bio-similars that was downloaded more than anything else on the Society's website.

Foundation and Faculty:
CD reported that this has been a very successful period for the Faculty and Foundation with 90 people from Boots signing up to one or other of the programmes. Other chains of pharmacies have 'signed up'; these should all come to fruition in Q3 and Q4. CD has been in discussions with Health Education England (HEE) which she will pick up with AP (NES) out with the meeting. HEE is interested in implementing the Road Map and therefore Faculty and Foundation membership through a tendering process that they are undertaking. At the same time that the RPS is developing a CPD pilot that fits with GPhC standards, it is ensuring that the Faculty fits in with this and the entry criteria has been widened (as of Friday 10 June); at the end of the first day there were 31 applicants and, by Monday 13 June, 213 had been received. CD concluded by saying that 'the trajectory is good but that, so far, submissions are low'. The Faculty and Foundation programmes are on track to achieve their targets for 2016. AMcG asked if we know who is on the verge of Faculty submission but holding back; would it be possible for the Faculty Champions to be used to support and encourage these colleagues. CD confirmed that those who are working on their Faculty submissions are aware of who their Faculty Champions are. CD is keen for Scottish input and suggestions.

Action point: ACB to email CD with details of the changes in Asthma guidance once these are made available. ACB also offered support with the revision of the Asthma QRG.
Action point: CD to contact AP regarding discussions with HEE and NES around the Faculty and Foundation.

The Scottish Pharmacy Board

noted

the Professional Development and Support Report – June 2016.

16/14. Chair and Vice-Chair's Report

- (Item: 16.06/SPB/14) The Chair provided a brief update to BMs.
The Chair reported that he had attended a *PfE Outcomes Framework* session; this is at an early stage in its development and is very much considering the structure and management of the programme.
- The Chair attended the National Non-Medical Prescribing Conference 2016, as a representative of the Scottish Ambulance Service. Dr Norman Lannigan spoke on the development of pharmacy in Glasgow. Although the conference was dominated by the nursing profession, a number of pharmacists also attended and pharmacy was considered. JC suggested that we should be involved and, perhaps, to take a stand. It is particularly important with the move towards pharmacist prescribing and the RPSiS needs to have a presence in order to articulate and champion the skill set that pharmacists bring to prescribing. This is a relatively new event and so the organisers might be quite receptive to giving pharmacists a platform. ASo confirmed that there was a similar event in England on 14 June 2016.

The Scottish Pharmacy Board

noted

The Chair and Vice-Chair's Report.

16/15. Website Development Project

SCN updated BMs on progress of the website development project. Julia Kettlewell (Acting Head of Marketing) has been appointed as Chair of this project group. The project is on target, on schedule and on budget. The 'discovery (research) phase' now been completed and signed off, as have the designs. The next phases are the 'build and testing stages'. Key milestones have been achieved. The project has to be completed by November 2016 to fit in with the membership cycle, otherwise launch date will have to be moved back to March 2017 after the 'renewals' cycle. If it is available, JK will provide a demonstration of the new website to the September 2016 SPB meeting.

Action point: JK to provide a demonstration of the new website at the SPB meeting in September 2016.

The Scottish Pharmacy Board

noted

the RPS Website Development project.

16/16. Key messages

- Successes of the Manifesto
- Care Homes
- New Board members and officers
- Policy working group

AP noted that she was disappointed that the RPS NES Joint Conference, which had 170 attendees, wasn't reported on. JR to look into this and report back.

Action point: JR to look into why the RPS / NES Conference wasn't reported on in the PJ. JR to report back to the Board via the weekly email.

16/17. Any Other Competent Business

There was no other competent business.

16/18. Date of Next Meeting

The date of the next formal public business meeting will be Wednesday 28 September 2016.